

10/520819

PATENT APPLICATION SERIAL NO. _____

Rec'd PCT/PTO 07 JAN 2005
U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

01/14/2005 MKAYPAGH 00000118 10520819

01 FC:2631	150.00 OP
02 FC:2632	250.00 OP
03 FC:2633	100.00 OP
04 FC:2617	65.00 OP

06/06/2005 BCAMPBEL 00000003 10520819
01 FC:2641
50.00 OP

Adjustment date: 06/06/2005 BCAMPBEL
01/14/2005 MKAYPAGH 00000118 10520819
02 FC:2632 -250.00 OP

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>6/2/05</u>		2 Serial/Patent # <u>10/520819</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
		6 AMOUNT							
<input checked="" type="checkbox"/>	Filing <u>(FC 2632 to 2641)</u>		1-7-05 \$ 200						
<input type="checkbox"/>	Amendment		\$						
<input type="checkbox"/>	Extension of Time		\$						
<input type="checkbox"/>	Notice of Appeal/Appeal		\$						
<input type="checkbox"/>	Petition		\$						
<input type="checkbox"/>	Issue		\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$						
<input type="checkbox"/>	Maintenance		\$						
<input type="checkbox"/>	Assignment		\$						
<input type="checkbox"/>	Other		\$						
		7 TOTAL AMOUNT OF REFUND	\$ 200						
		8 TO BE REFUNDED BY:							
10 REASON:		Treasury Check							
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:							
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
<input type="checkbox"/>	No Fee Due (Explanation):								
<u>Fee Code Correction</u>									
<u>2632 250 to 2641 \$50.00</u>									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>BAC</u>		TITLE: _____							
SIGNATURE: <u>BAC</u>		<small> KIP/PA/ONE/05/06/2005 BAC/DEL 01/14/2005 TRAV/ASH 00000010 10520819 02 F00552 -250.00 07 </small>							
OFFICE: <u>PCT/PO/EO</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: _____		DATE: _____							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: